



# **SAMHSA-HRSA** CENTER for INTEGRATED HEALTH SOLUTIONS

## **Peer-led Interventions to Activate Self-Management for Behavioral and Physical Health**

June 19, 2017



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Moderators:

Larry Fricks, Deputy Director, CIHS







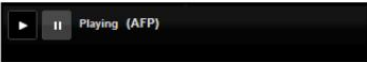

Roara Michael, Associate, CIHS



## Before We Begin

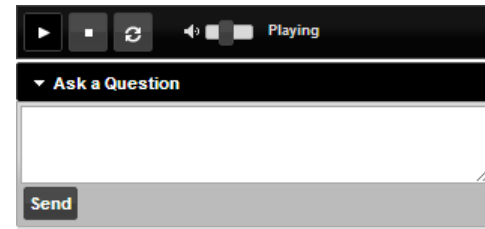
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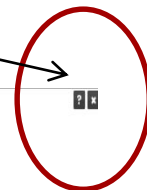
Operating System	 <b>Passed</b>	<b>Windows 7</b> Your operating system is ready to go!
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Advanced Info	<b>User Agent:</b> Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36  <b>Tech info:</b> Windows 7   Google Chrome 33   BW: 4,513 Kbps   AFP v.12.0.0   WMP v.Not installed or disabled   IP: 98.141.87.70   RSA: 173.228.128.107   Screen Res: 1920 x 1080   Compatibility Mode Enabled: NA   Cookies Enabled: Yes   <a href="#">Click here for the advanced system test</a>  <b>Time:</b> Thu Feb 27 16:23:17 GMT+00:00 2014	

## Before We Begin

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**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



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# Learning Objectives

- Learn about findings from study of a peer-led intervention activating self-management for people living with severe mental illness.
- Understand key peer staff roles on integrated health care teams including Street Management Teams serving homeless populations.
- Learn about resources developed for promoting peer-led self-management activation.

# Today's Speakers

**Brenda Cibulas, APRN, BC, CGP**

Director, Behavioral Health Services,  
Mercy Care in Atlanta



**Liz Frye, MD, MPH**

Mercy Director of Psychiatry and Street  
Medicine, Mercy Care in Atlanta



**Thommie Mungo**

Certified Peer Specialist, Mercy Care in  
Atlanta



**Benjamin Druss, MD, MPH**

Professor and Rosalynn Carter Chair of  
Mental Health, Rollins School of Public  
Health at Emory University





**SAMHSA-HRSA**  
CENTER for INTEGRATED  
HEALTH SOLUTIONS

# **Chronic Disease Self Management Programs for Mental Health Consumers**

**Dr. Ben Druss, Rosalynn Carter Chair of Mental  
Health at the Rollins School of Public Health at  
Emory University**

## Frank and Ernest



# Some Definitions

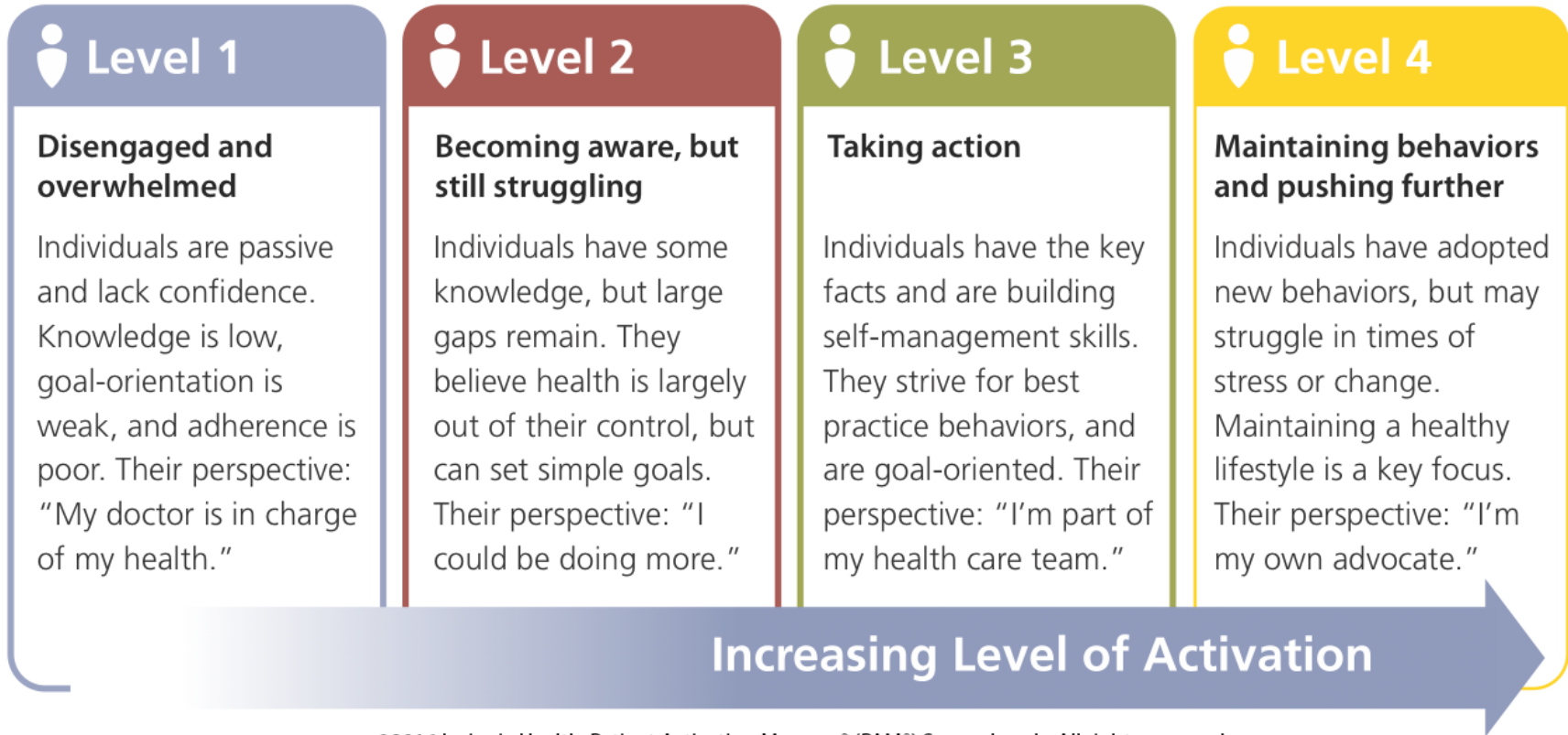
Self Management: “The decisions and behaviors that patients with chronic illness engage in that affect their health and their central role in managing their illnesses, making informed decisions about care, and engaging in healthy behaviors.”

<http://www.improvingchroniccare.org>

Activation: “Understanding one’s role in the care process and having the knowledge, skill, and confidence to manage one’s health and health care”<sup>2</sup>

Health Aff February 2013 vol. 32 no. 2 207-214

# Getting Activated



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# Why Peers?

“It would have greatly helped to have had someone come and talk to me about surviving mental illness-as well as the possibility of recovering, of healing, and of building a new life for myself.”

Deegan, P. J Psychosoc Nurs Ment Health Serv. 1993 Apr;31(4):7-11.

“I just want to go out and say to people, look we've all got something like you've got and we want to help you because we've done it ourselves.” Arthritis self-management lay leader

Arthritis Rheum. 2001 Aug;45(4):378-83.

# Peer Led Self-Management in General Medical Settings

Self-management education ✕ +

www.cochrane.org/CD005108/COMMUN\_self-management-education-programmes-led-by-lay-leaders-for-people-with-chronic-health-conditions

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## Self-management education programmes led by lay leaders for people with chronic health conditions

**Published:**  
17 October 2007

**Authors:**  
Foster G, Taylor SJC, Eldridge S,  
Ramsay J, Griffiths CJ

**Primary Review Group:**  
Consumers and Communication  
Group

See the full Review on  
the Cochrane Library ▶

Print

PDF

Citation

Self-management education programmes led by lay leaders (rather than health professionals such as doctors or nurses) are becoming common as a way of trying to promote self care for people with chronic conditions. We assessed systematically the effects of these programmes. We included results from seventeen studies which involved a total of 7442 people with chronic conditions including arthritis, diabetes, hypertension and chronic pain. While many of the programmes were similar, they differed in which condition they were for, which measurements researchers reported, and how effective the programmes were.

We found that these programmes may lead to modest, short-term improvements in patients' confidence to manage their condition and perceptions of their own health. They also increased how often people took aerobic exercise. Whilst there were small improvements in pain, disability, fatigue and depression, the improvements were not clinically important. The programmes did not improve quality of life, alter the number of times patients visited their doctor or reduce the amount of time spent in hospital. No adverse events were reported in any of the studies.

**Authors' conclusions:**

Lay-led self-management education programmes may lead to small, short-term improvements in participants' self-efficacy, self-rated health, cognitive symptom management, and frequency of aerobic exercise. There is currently no evidence to suggest that such programmes improve psychological health, symptoms or health-related quality of life, or that they significantly alter healthcare use. Future research on such interventions should explore longer term outcomes, their effect on clinical measures of disease and their potential role in children and adolescents.

Am score 4

Who is talking about this article?

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Cochrane Crowds: Become a citizen scientist

 **Cochrane evidence in other languages**

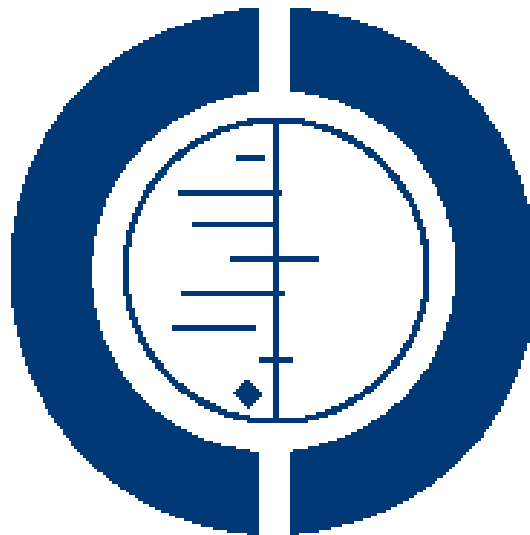
 **Cochrane Review - How**

integration.samhsa.gov

# Peers as Providers of Care

## Consumer-providers of care for adult clients of statutory mental health services (Review)

Pitt V, Lowe D, Hill S, Prictor M, Hetrick SE, Ryan R, Berends L



# Chronic Disease Self Management Program (CDSMP)

Developed in the 1990s by the Stanford Patient Education Center

6-week, group-based program led by lay leaders.  
Emphasizes common chronic disease management strategies across conditions

Pre-post study (2014) found the program was associated with change in several self-reported outcomes in MH Consumers

Community Ment Health J. 2014  
Jan;50(1):96-103

# HARP (Health and Recovery Peer) Program

Pilot study adapted the Chronic Disease Self-Management Program (CDSMP), to be delivered by and for MH consumers

Current study multisite trial underway

6 group sessions diet and exercise training, specific disease management techniques.

# Overall Structure

- **Session One: Overview, Introduction to Action Planning**
  - *Coaching session: Becoming a self-manager, developing a PHR*
- **Session Two: Introduction to Physical Activity and Exercise: Coaching session: Understanding your chronic illnesses**
- **Session Three: Breathing, Relaxation**
  - *Coaching session: Relaxation and dealing with stress*
- **Session Four: Healthier Eating, Advance Directives**
  - *Coaching session: Better diet and exercise on a .limited budget*
- **Session Five: Medication Use, Making Informed Decisions**
  - *Coaching Session: Communication Skills*
- **Session Six: Working with Your Health Care Provider**
  - *Coaching Session: Summary and plans for the future*

# Action Plan

- Something YOU want to do
- Reasonable
- Behavior-specific
- Answer the questions:
  - What?
  - How much?
  - When?
  - How often?
- Confidence level of 7 or more

# Motivational Interviewing

**Reflective listening:** Listen, don't lecture

**Roll with Resistance:** Judo, not boxing

**Develop discrepancy** between health behavior and patient's values/goals.

**Allow patients to set goals/priorities**

Motivational Interviewing in Health Promotion and Behavioral Medicine.  
Chapter 24 from Handbook of Motivational Counseling. 2011

# Modifications --Clinical Factors

Reinforcement: Meetings between sessions with peer leader to reinforce key messages

Health literacy: Simplified health and disease-specific materials for the population

Recovery-focus: Mental health advance directives

# Modifications –Provider Factors

Seeking to blend the strengths of the CDSMP with certified peer specialist training and expertise

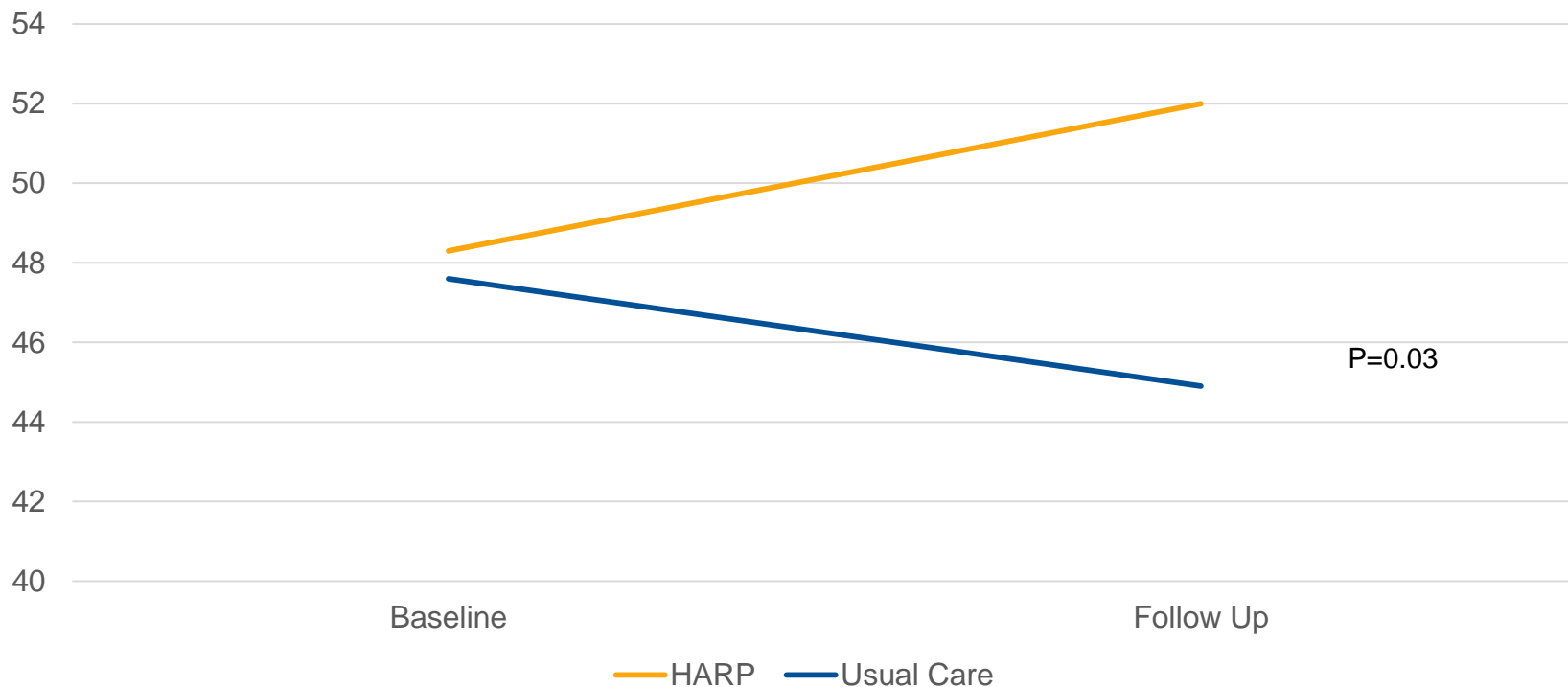
Incorporated more sharing of information and positive reinforcement.

## Modifications --Social Factors

Social support: Use a buddy system to enhance support network outside of groups, added a section on finding support and reducing isolation

Income: Added a section on eating healthy and physical activity on a budget

# HARP Effects on Patient Activation



# HARP

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856811/>

# Thank You!





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## **Peer-led Interventions to Activate Self-Management for Behavioral and Physical Health**

Presenters:

Thommie Mungo, CPS, Community Health Worker

Liz Frye, MD, MPH, Director of Psychiatry and Street Medicine

Brenda Cibulas, APRN, BC, CGP Director, Behavioral Health Services



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# Peer Experiences

## Lived Experience:

- Makes recovery authentically tangible to the peer; serves as an example of hope
- Reaches far beyond the "book knowledge" of mental health
- Provides accountability by strengthening the peer to peer relationship through shared stories, struggles and successes.
- Supports actively practicing and using wellness tools daily
- Challenges the stigma and discrimination associated with mental illness



# Benefits of Peer Specialist

- Encountering and supporting individuals with similar difficulties and challenges
- Building trust through mutuality and shared life experiences
- Providing hope in often time hopeless situations
- Promoting lifelong recovery
- Focusing on strengths, supports and potential



# Peers and Street Medicine

Integrated team of primary care and mental health providing whole health treatment for unsheltered individuals

Team composition varies, but usually includes a formerly homeless individual

Role includes

- Identifying encampments
- Initial/ongoing engagement with clients
- Establishing trust between team and clients
- Safety of team and clients
- Use of personal journey to help clients engage in treatment



# Job Description: Community Health Worker

## POSITION SUMMARY:

- Build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.
- Facilitating communication and client empowerment
- Linking clients to health care/ social service resources
- Advocating for local health needs
- Making home visits to chronically ill patients
- Connecting clients to housing and employment
- Resources

**EDUCATION REQUIREMENTS:** A minimum of a High School diploma or GED, or equivalent in country or origin required.

# Job Description: Community Health Worker (cont.)

**EXPERIENCE REQUIREMENTS:** A minimum of one year's related experience working with indigent or underserved individuals. An understanding of the community resources within the community. The ability and legal right to drive in Georgia, including an active, current Georgia Drivers License, may be required.

**JOB KNOWLEDGE:** Must possess professional and cultural competence, ability to work independently and to function accountably within a team. Participate in planning and implementation of organizational goals and objectives. Must understand importance of collaboration and demonstrate ability to develop and maintain positive partnerships that enhance service delivery. Bilingual written and verbal skills are required in some positions.



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Liz Frye, MD, MPH, Director of Psychiatry and Street Medicine

# Peers and Street Medicine

Not all peers working in Street Medicine are CPS trained and the lived experience of homelessness is important, yet not enough

Specialized training as a CPS helps the peer to:

- Know how and when to share their stories to promote recovery and self-management
- Develop skillsets in motivational interviewing, harm-reduction, goal setting and trauma-informed care
- Maintain health and wellbeing in tough work environments



# Value of Peers in Integrated Care

Empowers clients to verbalize their concerns and actively participate in treatment decisions

Serves as a liaison between treatment provider and client

Assist treatment providers in understanding the client's experience of symptoms, motivators, and barriers

Activate and motivate clients through use of a shared experience and other activities



# Value of Peers in Integrated Care

Bridging the gap for individuals who have chronic physical health conditions, mental health and/or substance use issues

- **Emergency Room:** Helping individuals who over use the ER get connected to resources, navigate the healthcare system, education on appropriate usage, problem-solving and self-advocacy
- **Clinic:** Facilitate health education group, linkage to primary care and onsite individual peer support services
- **Community:** In-home health education, linkage to community based resources, accompany individuals to various appointments



# Supervision of Peers

- Attention to having a trauma-informed workplace
- Discussion of triggers and potential exposure to traumatic or re-traumatizing events
- Be supportive, don't be a therapist
- Think about managing issues that are possibly related to illness in the same way that other illnesses would be handled among other employees
- Help peers to develop their voice on a team and help the team to be egalitarian and to seek the opinions of their CPS



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# Value of Peers in Integrated Care

## Clear and Significant Roles

- Specific knowledge and skills for target population
- Functional
- Team Member
- Natural Engagement



# Peer Role Support

Preparation for role

Facilitate Team Expectations

Identifying and working with any barriers

Seeking and Recognizing Scope and Value

- Voice
- Vision
- Volition



# Mercy Care's Peer Specialists

## Community Health Workers

## Community Homeless Outreach Program

- Peer Whole Health & Wellness Coaches

## Projects for Assistance in Transition from Homelessness

- Case Managers

## Peer Support Groups

- Peer Group Leaders
- Certified Addictions Recovery Empowerment Specialist



# Mercy Care

## Peer Support Services

Peer Support Groups Start date: **March 2013**  
Target Population: **Homeless individuals 18-64**

Average number of  
encounters monthly:

2013: 122  
2014: 111  
2015: 523  
2016: 813  
2017: 536\*

Average number of  
participants daily:

2013: 7  
2014: 8  
2015: 10  
2016: 9  
2017: 9\*

\*Data report for 2017 is through April 30, 2017



# Q & A



# **SAMHSA-HRSA** CENTER for INTEGRATED HEALTH SOLUTIONS

## **Self-Management Support and Peer Support Resources**

Kimberly Smathers and Alexis  
Estomin, The Lewin Group

# Self-Management Support and Peer Support Resources from Resources for Integrated Care

- Self-management support is a collaborative process between providers and consumers that consist of activities that help individuals manage, cope, and live with a chronic illness and participate in and self-direct care.
- Peer support staff are individuals in recovery from a mental illness and/or substance use disorder who with training, use their lived experience to assist others in recovery.

# Key Considerations For Integrating Peer Support Staff In Behavioral Health Organizations

- This tip sheet describes key steps and considerations for behavioral health organizations planning to integrate peer staff into their workforce.
- Please visit the RIC website to view this tip sheet:  
[https://resourcesforintegratedcare.com/peer-supports/integrating\\_peer\\_supports\\_staff\\_in\\_behavioral\\_health\\_orgs](https://resourcesforintegratedcare.com/peer-supports/integrating_peer_supports_staff_in_behavioral_health_orgs)

## Key Considerations for Integrating Peer Support Staff in Behavioral Health Organizations

Peer support staff are individuals in recovery from a mental health challenge, substance use disorder, or co-occurring illnesses who – with training – use their lived experience to assist others in their journey towards wellness and recovery. The peer workforce supports client self-management to promote recovery and resiliency. Behavioral health organizations that are planning to integrate peer support staff into their workforce can take steps to ensure that the staff add value to the organization and that the responsibilities of the new

"I've been in the field now for about 30 years and the thing I've seen that has had the most transformative effect in behavioral health – for both mental health and addiction – is hiring people in recovery to become staff and disclose their own personal recovery stories."

- Larry Davidson, PhD, Department of Psychiatry, Yale School of Medicine

"I believe peer support works very well because it's easy for us to relate to what they're going through. We've been down that same road."

- Gina Palilonis, Certified Recovery Specialist, Council of Southeast Pennsylvania

peer support staff align with, and complement, current staff responsibilities. This tip sheet describes key steps and considerations for behavioral health organizations planning to integrate peer staff into their workforce. These key considerations are adapted from the Philadelphia Department of Behavioral Health and Intellectual disAbility Services' Five-Module Toolkit for Providers and other tools and guides listed in the "Additional Resources" section of this tip sheet.

## Leveraging The Lived Experience Of Peer Support Staff

- This video and corresponding fact sheet describes success stories of peer support staff and how organizations can use peer support staff to improve care delivery.
- This video and fact sheet can be viewed here:  
[https://resourcesforintegratedcare.com/Behavioral\\_Health/Peer\\_Supports/Video/Lived\\_Experience](https://resourcesforintegratedcare.com/Behavioral_Health/Peer_Supports/Video/Lived_Experience)



## Reducing Negative Attitudes Faced By Peer Support Staff

- This video and accompanying tip sheet provides guidance for how to reduce these negative attitudes and effectively integrate peer support staff into your organization.
- This video and tip sheet can be found on the RIC website:  
<https://resourcesforintegratedcare.com/peer-support/stigma>



# Self-Management Support In Behavioral Health: Organizational Assessment Tool

- This assessment tool is designed to assist behavioral health organizations in delivering self-management support to clients managing serious mental illness and/or substance abuse conditions.
- This tool may be downloaded here: [https://resourcesforintegratedcare.com/behavioral\\_health/self-management\\_support/tool/organizational\\_assessment\\_tool](https://resourcesforintegratedcare.com/behavioral_health/self-management_support/tool/organizational_assessment_tool)

## Section 1: Self-Management Support Foundations

### 1.1 Activating Clients to Engage in Self-Management

In person-centered care delivery, providers can help prepare and support clients in managing their own health by increasing clients' knowledge of and confidence in engaging in healthy behaviors. Providing information and encouragement is a crucial step that will support clients in managing mental illnesses or substance abuse and ensure that their natural supports are full partners in the care and recovery processes. Supporting clients to take active roles in their own care is central to their recovery and increases care integration and coordination to meet clients' needs and goals. This support includes offering a range of options that facilitate meaningful choices by clients as well as access to care and medical records. Emphasizing the central role that clients play in their care decisions will promote collaboration between providers and clients

#### » 1.1.1 Do staff and providers communicate with clients in a manner that promotes and maintains dignity and respect?

Communicating with dignity and respect includes acknowledging that clients manage their own lives and health conditions, even when they are facing difficulties. Providers and staff should demonstrate respect when communicating with clients by using non-judgmental language and ensuring client privacy. This is particularly true for individuals with the extra stigma of addiction, in addition to mental illness. A first step in maintaining the dignity of clients is to elicit their values, preferences, and needs.

# Self-Management Success Story Handouts

- These six client handouts feature the success stories of individuals who have used self-management techniques to effectively manage their behavioral health and substance use conditions.
- These can be viewed here:  
<https://resourcesforintegratedcare.com/concept/client-handout/2016/self-management-stories>

## Alicia's Story

I have struggled to manage my behavioral health conditions since I was very young. I started off in the projects... this is where everything began.

At the age of 11, I started running with the wrong crowd. I joined a gang and started smoking marijuana and cigarettes. I was frequently suspended from school for fighting or smoking on school property and ultimately expelled from school for an assault on a teacher and a student. I participated in illegal activities like selling drugs, burglary, and auto theft, and received gun-related charges. When I was 15, I was introduced to cocaine, which quickly took over my life. I became distant from my family who grew very worried for my safety. They did not trust that I could take care of myself.

**Key Tip: Listen to others and be open to their perspectives**

*Sometimes, especially when you have dealt with the streets for so long, you like to see things from your perspective and no one else's. When you get into recovery, it helps to have an open mind and look at things from different angles.*

I was later diagnosed with bipolar disorder, post-traumatic stress disorder, and major depression. I had trouble managing my conditions and taking medicine as prescribed. During this time, I was arrested and sent to jail on multiple occasions. My most challenging struggle was when I was shot and then laid in a coma for almost three months.

## Member Engagement Webinars

- RIC has three webinars on engaging hard-to-reach populations including the homeless population and those with behavioral health issues.
- These can be viewed [here:](https://resourcesforintegratedcare.com/concepts/member-engagement)  
<https://resourcesforintegratedcare.com/concepts/member-engagement>

### How We Engage Hard-to-Reach Members



#### Meet members wherever they are willing

- In home or community; where members feel comfortable
- At hospital or in crisis stabilization unit, if needed

**Overcome language and cultural barriers** with diverse workforce

**Engage caregivers** or household members to support

**Be persistent** - try again to call and engage members on a quarterly basis

**Conduct research** - Our special researchers focus on finding members. Approaches include:

- Review claims to find and contact providers members are already linked with
- Contact pharmacies for updated member contact info; *Remedia* software can show us the last pharmacy where the member picked up a prescription

# Thank you!

- Additional resources can be found on our website:  
<https://resourcesforintegratedcare.com/>
- To learn about our upcoming products and webinars, make sure to follow us on Twitter at  
[https://twitter.com/Integrate\\_Care](https://twitter.com/Integrate_Care).
- If you have questions, feel free to email us at [RIC@Lewin.com](mailto:RIC@Lewin.com)

# CIHS Resources

Link to peer providers on CIHS website:

<http://www.integration.samhsa.gov/workforce/team-members/peer-providers>

SAMHSA Wellness Initiative:

<https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>

WHAM and the toolkit “Meaningful Roles for Peer Providers in Integrated Healthcare”

<http://www.integration.samhsa.gov/health-wellness/wham/wham-training>  
[www.casra.org/docs/peer\\_provider\\_toolkit.pdf](http://www.casra.org/docs/peer_provider_toolkit.pdf)

Wellness Recovery Action Plan (WRAP):

<https://copelandcenter.com/wellness-recovery-action-plan-wrap>

# CIHS Tools and Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the center's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media links for Facebook, Twitter, and Listserv are also present, along with "Ask a Question" and "Email" options. The main content area features a large image of four professionals in a meeting, with the title "Core Competencies for Integrated Behavioral Health and Primary Care" and a description: "An essential foundation for preparing and further developing an integrated workforce." Below this is a "CALENDAR OF EVENTS" section with two events: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" on February 26, 2014, and "Integrating Peer Support in Primary Care" on February 27, 2014. To the right, there is an "ABOUT CIHS" section with the title "SAMHSA-HRSA Center for Integrated Health Solutions" and a description of CIHS's mission. Below this is a "TOP RESOURCES" section with two featured articles: "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" dated February 24, 2014, and "February Is American Heart Month!" dated February 21, 2014. The first article includes an image of people climbing ladders to reach a goal, and the second includes an image of hands holding a red heart.

Making Integrated Care Work 202.684.7457

**SAMHSA-HRSA Center for Integrated Health Solutions** eSolutions newsletter

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**ABOUT CIHS**

**SAMHSA-HRSA Center for Integrated Health Solutions**

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

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**CALENDAR OF EVENTS**

**FEB 26** Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment  
FEBRUARY 26-28, 2014

**FEB 27** Integrating Peer Support in Primary Care  
FEBRUARY 27-27, 2014

**FEBRUARY 24, 2014**  
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

This issue brief examines five promising Medicaid approaches to integrate physical and behavioral health care.

**FEBRUARY 21, 2014**  
February Is American Heart Month!

Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease.



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

**Please take a moment to provide your  
feedback by completing the survey at the  
end of today's webinar.**